Approved, SCAO Original - Court
1st copy - Defendant

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY PROBATE

## AFFIDAVIT AND ORDER FOR RESTRICTED DRIVER LICENSE

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Court address		·	Court telephone no.
ovart address			odur telephone no.
The State of Michigan  THE PEOPLE OF	v	Defendant's name, address, and t	telephone no.
		Driver license no.	DOB
In the matter of			
	AFFIDAVIT	1	
1. I state that I am unable to take public transportation, an  a.   to and from home to work only  to and from home to work and for employer only  for employer only		e family members or others a	
at: Employer name and address or territory			
<ul> <li>□ to and from home to work only</li> <li>□ to and from home to work and for employer only</li> <li>□ for employer only</li> <li>at:</li> <li>Employer name and address or territory</li> </ul>	Hours	Day	ys
$\Box$ b. to and from school ${}$ Hours	Days	School	I name
$\square$ c. to and from $\square$ alcohol/drug education treatmen	t. pro	bation.   community serv	vice.
d. to and from home or work andoccurring medical treatment for a serious condition	for me or a r	nember of my household or i	a place of regularly immediate family.
	Defen	dant signature	
Subscribed and sworn to before me on			County, Michigan.
My commission expires:	Signature:		
	١	Notary public/Deputy court clerk	
ORDER FOR RES	STRICTED I	DRIVER LICENSE	
THE COURT FINDS:  2. The defendant's operator or chauffeur license was ord  3. The defendant is □ unable □ able to take or others, to and from the locations stated above.  IT IS ORDERED:  □ 4. The defendant's request is denied.  □ 5. The Secretary of State shall issue the defendant a relicensed.	public transp	oortation, or be provided trans	sportation by family members s otherwise eligible to be

Judge

Date